ICPSR 34792

Health Behavior in School-Aged Children (HBSC), 2009-2010

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Student Questionnaire

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Student Questionnaire Crosswalk

The following crosswalk provides a comparison of questions between the three different questionnaires asked between the grades. If a grade was not asked a question it has been designated by a series of dashes in the respective column.

PUF	Grade 5/6	Grade 7/8/9	Grade 10	Variable Label			
Variable Name	Question #	Question #	Question #				
Q1	Q1	Q1	Q1	GENDER			
Q3B	Q3B	Q3B	Q3B	AGE			
Q4	Q4	Q4	Q4	GRADE IN SCHOOL			
Q5	Q5	Q5	Q5	HISPANIC ETHNICITY			
Q6_1	Q6	Q6	Q6	RACE: BLACK OR AFRICAN AMERICAN			
Q6_2	Q6	Q6	Q6	RACE: WHITE			
Q6_3	Q6	Q6	Q6	RACE: ASIAN			
Q6_4	Q6	Q6	Q6	RACE: AMERICAN INDIAN OR ALASKA NATIVE			
Q6_5	Q6	Q6	Q6	RACE: NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			
Q7	Q7	Q7	Q7	LIFE SATISFACTION SCALE			
Q8	Q8	Q8	Q8	YOUR THOUGHTS ON YOUR BODY			
Q9_1	Q 9	Q9	Q 9	HOURS PLAY COMPUTER / VIDEO GAMES, WEEKDAYS			
Q9_2	Q9	Q9	Q9	HOURS PLAY COMPUTER / VIDEO GAMES, WEEKENDS			
Q10_1	Q10	Q10	Q10	HOURS USE COMPUTER, WEEKDAYS			
Q10_2	Q10	Q10	Q10	HOURS USE COMPUTER, WEEKENDS			
Q11	Q11	Q11	Q11	FAMILY WELL OFF			
Q12	Q12	Q12	Q12	NUMBER OF COMPUTERS FAMILY OWNS			
Q13	Q13	Q13	Q13	DO YOU HAVE YOUR OWN BEDROOM			
Q14	Q14	Q14	Q14	DOES YOUR FAMILY OWN A VEHICLE			
Q15	Q15	Q15	Q15	NUMBER OF FAMILY VACATIONS PAST 12 MONTHS			
Q16_1	Q16	Q16	Q16	MAIN HOME: MOTHER			
Q16_2	Q16	Q16	Q16	MAIN HOME: FATHER			
Q16_3	Q16	Q16	Q16	MAIN HOME: STEPMOTHER			
Q16_4	Q16	Q16	Q16	MAIN HOME: STEPFATHER			
Q16_5	Q16	Q16	Q16	MAIN HOME: GRANDMOTHER			
Q16_6	Q16	Q16	Q16	MAIN HOME: GRANDFATHER			
Q16_7	Q16	Q16	Q16	MAIN HOME: LIVING IN FOSTER HOME / CHILD CARE			
Q16_8	Q16	Q16	Q16	MAIN HOME: LIVING WITH SOMEONE ELSE			
Q16_9	Q16	Q16	Q16	MAIN HOME: NUMBER OF BROTHERS			
Q16_10	Q16	Q16	Q16	MAIN HOME: NUMBER OF SISTERS			
Q17	Q17	Q17	Q17	HAVE A SECOND HOME			
Q17A	Q17	Q17	Q17	HOW OFTEN STAY AT SECOND HOME			

PUF	Grade 5/6	Grade 7/8/9	Grade 10	Variable Label		
Variable Name	Question #	Question #	Question #			
Q17_1	Q17	Q17	Q17	SECOND HOME: MOTHER		
Q17_2	Q17	Q17	Q17	SECOND HOME: FATHER		
Q17_3	Q17	Q17	Q17	SECOND HOME: STEPMOTHER		
Q17_4	Q17	Q17	Q17	SECOND HOME: STEPFATHER		
Q17_5	Q17	Q17	Q17	SECOND HOME: GRANDMOTHER		
Q17_6	Q17	Q17	Q17	SECOND HOME: GRANDFATHER		
Q17_7	Q17	Q17	Q17	SECOND HOME: LIVING IN FOSTER HOME / CHILD CARE		
Q17_8	Q17	Q17	Q17	SECOND HOME: LIVING WITH SOMEONE ELSE		
Q17_9	Q17	Q17	Q17	SECOND HOME: NUMBER OF BROTHERS		
Q17_10	Q17	Q17	Q17	SECOND HOME: NUMBER OF SISTERS		
Q18_1	Q18	Q18	Q18	HOURS WATCH TELEVISION, WEEKDAYS		
Q18_2	Q18	Q18	Q18	HOURS WATCH TELEVISION, WEEKEND		
Q19	Q19	Q19	Q19	NUMBER OF DAYS PHYSICALLY ACTIVE PAST WEEK		
Q20	Q20	Q20	Q20	HOW OFTEN EXERCISE SO YOU'RE OUT OF BREATH, FREE TIME		
Q21	Q21	Q21	Q21	HOURS PER WEEK EXERCISE SO YOU'RE OUT OF BREATH, FREE TIME		
Q22	Q22	Q22	Q22	TIME TO TRAVEL TO SCHOOL		
Q23	Q23	Q23	Q23	MODE OF TRAVEL TO SCHOOL		
Q24	Q24	Q24	Q24	MODE OF TRAVEL FROM SCHOOL		
Q25_1	Q25	Q25	Q25	HOW OFTEN EAT BREAKFAST, WEEKDAYS		
Q25_2	Q25	Q25	Q25	HOW OFTEN EAT BREAKFAST, WEEKENDS		
Q26A	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: FRUITS		
Q26B	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: VEGETABLES		
Q26C	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: SWEETS		
Q26D	Q26	Q26	Q26	HOW OFTEN EAT / DRINK PER WEEK: SOFT DRINKS		
Q27		Q27	Q27	HOW OFTEN EAT BREAKFAST W/ PARENT(S)		
Q28		Q28	Q28	HOW OFTEN EAT EVENING MEAL W/ PARENT(S)		
Q29_1		Q29	Q29	EAT MIDDAY MEAL: AT SCHOOL		
Q29_2		Q29	Q29	EAT MIDDAY MEAL: AT HOME		
Q29_3		Q29	Q29	EAT MIDDAY MEAL: AT SOMEONE ELSE'S HOME		
Q29_4		Q29	Q29	EAT MIDDAY MEAL: IN SNACK-BAR / RESTAURANT		
Q29_5		Q29	Q29	EAT MIDDAY MEAL: SOMEWHERE ELSE		
Q29_6		Q29	Q29	EAT MIDDAY MEAL: NEVER		
Q30A		Q30	Q30	HOW OFTEN SNACK WHILE: WATCH T.V.		
Q30B		Q30	Q30	HOW OFTEN SNACK WHILE: USE COMPUTER / OTHER GAMING SYSTEM		
Q31	Q27	Q31	Q31	HOW OFTEN EAT FAST FOOD		

PUF	Grade 5/6	Grade 7/8/9	Grade 10	Variable Label
Variable Name	Question #	Question #	Question #	
Q32	Q28	Q32	Q32	HOW OFTEN GO TO SCHOOL / BED HUNGRY
Q33	Q29	Q33	Q33	HOW MUCH DO YOU WEIGH (IN POUNDS)
Q34	Q30	Q34	Q34	HOW TALL ARE YOU (IN INCHES)
Q35	Q31	Q35	Q35	WHEN DID YOU LAST WEIGH YOURSELF
Q36	Q32	Q36	Q36	WHEN DID YOU LAST MEASURE YOUR HEIGHT
Q37	Q33	Q37	Q37	PRESENTLY ON A DIET TO LOSE WEIGHT
Q38A	Q34	Q38	Q38	FEELINGS ABOUT BODY: FRUSTRATED W/ APPEARANCE
Q38B	Q34	Q38	Q38	FEELINGS ABOUT BODY: SATISFIED W/ APPEARANCE
Q38C	Q34	Q38	Q38	FEELINGS ABOUT BODY: HATE MY BODY
Q38D	Q34	Q38	Q38	FEELINGS ABOUT BODY: FEEL COMFORTABLE W/ BODY
Q38E	Q34	Q38	Q38	FEELINGS ABOUT BODY: FEEL ANGER TOWARD BODY
Q38F	Q34	Q38	Q38	FEELINGS ABOUT BODY: LIKE APPEARANCE IN SPITE OF FLAWS
Q39_1	Q35	Q39	Q39	HAVE YOU BEGUN TO MENSTRUATE (GIRLS ONLY)
Q39_2	Q35	Q39	Q39	AGE WHEN YOU BEGAN MENSTRUATION - MONTHS (GIRLS ONLY)
Q40	Q36	Q40	Q40	HAVE YOU BEGUN TO GROW FACIAL HAIR (BOYS ONLY)
Q41	Q37	Q41	Q41	HOW OFTEN DO YOU BRUSH YOUR TEETH
Q42A	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: HEADACHES
Q42B	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: STOMACHACHES
Q42C	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: BACKACHES
Q42D	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: FEELING LOW
Q42E	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: IRRITABILITY
Q42F	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: FEELING NERVOUS
Q42G	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: DIFFICULTIES SLEEPING
Q42H	Q38	Q42	Q42	PAST 6 MONTHS HOW OFTEN HAD: FEELING DIZZY
Q43A	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: HEADACHES
Q43B	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: STOMACHACHES
Q43C	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: DIFFICULTIES SLEEPING
Q43D	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: NERVOUSNESS
Q43E	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: ALLERGY
Q43F	Q39	Q43	Q43	PAST MONTH TAKEN MEDICINE FOR: SOMETHING ELSE
Q44	Q40	Q44	Q44	OVERALL HEALTH RATING
Q45	Q41	Q45	Q45	HAVE LONG TERM ILLNESS / DISABILITY / CONDITION DIAGNOSED BY A DOCTOR
Q46	Q42	Q46	Q46	TAKE MEDICINE FOR LONG TERM ILLNESS / DISABILITY / CONDITION
Q47	Q43	Q47	Q47	LONG TERM ILLNESS AFFECT SCHOOL ATTENDANCE / PERFORMANCE
Q48A	Q44	Q48	Q48	FEELING PAST WEEK: FIT AND WELL

PUF	Grade 5/6	Grade 7/8/9	Grade 10	Variable Label
Variable Name	Question #	Question #	Question #	
Q48B	Q44	Q48	Q48	FEELING PAST WEEK: FULL OF ENERGY
Q48C	Q44	Q48	Q48	FEELING PAST WEEK: SAD (REVERSE CODED)
Q48D	Q44	Q48	Q48	FEELING PAST WEEK: LONELY (REVERSE CODED)
Q48E	Q44	Q48	Q48	FEELING PAST WEEK: HAD ENOUGH TIME FOR YOURSELF
Q48F	Q44	Q48	Q48	FEELING PAST WEEK: ABLE TO DO WANTED THINGS IN FREE TIME
Q48G	Q44	Q48	Q48	FEELING PAST WEEK: PARENTS TREATED YOU FAIRLY
Q48H	Q44	Q48	Q48	FEELING PAST WEEK: HAD FUN WITH FRIENDS
Q48I	Q44	Q48	Q48	FEELING PAST WEEK: GOT ON WELL AT SCHOOL
Q48J	Q44	Q48	Q48	FEELING PAST WEEK: ABLE TO PAY ATTENTION
Q49	Q45	Q49	Q49	PAST 12 MONTHS: INJURED AND TREATED BY A DOCTOR
Q50A	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: FATHER
Q50B	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: STEPFATHER
Q50C	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: MOTHER
Q50D	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: STEPMOTHER
Q50E	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: ELDER BROTHER
Q50F	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: ELDER SISTER
Q50G	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: BEST FRIEND
Q50H	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: SAME SEX FRIENDS
Q50I	Q46	Q50	Q50	EASY TO TALK W/ OTHERS ON PROBLEMS: OPPOSITE SEX FRIENDS
Q51A	Q47	Q51	Q51	MOTHER KNOWS: WHO YOUR FRIENDS ARE
Q51B	Q47	Q51	Q51	MOTHER KNOWS: HOW YOU SPEND MONEY
Q51C	Q47	Q51	Q51	MOTHER KNOWS: WHERE YOU ARE AFTER SCHOOL
Q51D	Q47	Q51	Q51	MOTHER KNOWS: WHERE YOU GO AT NIGHT
Q51E	Q47	Q51	Q51	MOTHER KNOWS: WHAT YOU DO W/ FREE TIME
Q51A	Q48	Q52	Q52	FATHER KNOWS: WHO YOUR FRIENDS ARE
Q52B	Q48	Q52	Q52	FATHER KNOWS: HOW YOU SPEND MONEY
Q52C	Q48	Q52	Q52	FATHER KNOWS: WHERE YOU ARE AFTER SCHOOL
Q52D	Q48	Q52	Q52	FATHER KNOWS: WHERE YOU GO AT NIGHT
Q52E	Q48	Q52	Q52	FATHER KNOWS: WHAT YOU DO W/ FREE TIME
Q53A		Q53	Q53	PARENT/GUARDIAN: HELPS ME AS MUCH AS I NEED
Q53B		Q53	Q53	PARENT/GUARDIAN: LETS ME DO THE THINGS I LIKE DOING
Q53C		Q53	Q53	PARENT/GUARDIAN: IS LOVING
Q53D		Q53	Q53	PARENT/GUARDIAN: UNDERSTANDS MY PROBLEMS
Q53E		Q53	Q53	PARENT/GUARDIAN: LIKES ME TO MAKE OWN DECISIONS
Q53F		Q53	Q53	PARENT/GUARDIAN: TRIES TO CONTROL EVERYTHING I DO

PUF	Grade 5/6	Grade 7/8/9	Grade 10	Variable Label
Variable Name	Question #	Question #	Question #	
Q53G		Q53	Q53	PARENT/GUARDIAN: TREATS ME LIKE A BABY
Q53H		Q53	Q53	PARENT/GUARDIAN: MAKES ME FEEL BETTER WHEN UPSET
Q54	Q49	Q54	Q54	SATISFIED W/ FAMILY RELATIONSHIPS
Q55_1	Q50	Q55	Q55	NUMBER OF CLOSE FRIENDS: MALES
Q55_2	Q50	Q55	Q55	NUMBER OF CLOSE FRIENDS: FEMALES
Q56		Q56	Q56	AGE OF FRIENDS IN YOUR GROUP
Q57	Q51	Q57	Q57	DAYS PER WEEK SPEND W/ FRIENDS AFTER SCHOOL
Q58	Q52	Q58	Q58	NIGHTS PER WEEK SPEND W/ FRIENDS
Q59	Q53	Q59	Q59	HOW OFTEN CALL / TEXT FRIENDS
Q60		Q60	Q60	GROUP OF FRIENDS ACCEPTED BY YOUR PARENTS
Q61	Q54	Q61	Q61	TEACHER'S OPINION OF YOUR SCHOOL PERFORMANCE
Q62	Q55	Q62	Q62	PRESENT FEELINGS ABOUT SCHOOL
Q63A	Q56	Q63	Q63	STUDENTS IN MY CLASS: ENJOY BEING TOGETHER
Q63B	Q56	Q63	Q63	STUDENTS IN MY CLASS: ARE KIND AND HELPFUL
Q63C	Q56	Q63	Q63	STUDENTS IN MY CLASS: ACCEPT ME AS I AM
Q64	Q57	Q64	Q64	AMOUNT OF PRESSURE FROM SCHOOLWORK
Q65	Q58	Q65	Q65	HOW OFTEN ARE YOU BULLIED AT SCHOOL
Q66A	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: CALLED NAMES / TEASED
Q66B	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: LEFT OUT OF THINGS
Q66C	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: HIT / KICKED / PUSHED
Q66D	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: OTHERS LIED ABOUT ME
Q66E	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: FOR MY RACE / COLOR
Q66F	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: FOR MY RELIGION
Q66G	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: MADE SEXUAL JOKES TO ME
Q66H	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A COMPUTER / E-MAIL
Q66I	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A CELL PHONE
Q66J	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A COMPUTER / E-MAIL, OUTSIDE OF SCHOOL
Q66K	Q59	Q66	Q66	HOW OFTEN GOT BULLIED: USING A CELL PHONE, OUTSIDE OF SCHOOL
Q67	Q60	Q67	Q67	HOW OFTEN HAVE YOU BULLIED ANOTHER STUDENT
Q68A	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: CALLED NAMES / TEASED
Q68B	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: LEFT OUT OF THINGS
Q68C	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: HIT / KICKED / PUSHED
Q68D	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: TOLD LIES ABOUT THEM
Q68E	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: FOR THEIR RACE / COLOR
Q68F	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: FOR THEIR RELIGION

PUF	Grade 5/6	Grade 7/8/9	Grade 10	Variable Label
Variable Name	Question #	Question #	Question #	
Q68G	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: MADE SEXUAL JOKES TO THEM
Q68H	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A COMPUTER / E-MAIL
Q68I	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A CELL PHONE
Q68J	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A COMPUTER / E-MAIL, OUTSIDE OF SCHOOL
Q68K	Q61	Q68	Q68	HOW OFTEN BULLIED OTHERS: USING A CELL PHONE, OUTSIDE OF SCHOOL
Q69	Q62	Q69	Q69	PAST 12 MONTHS: HOW OFTEN IN A PHYSICAL FIGHT
Q70		Q70	Q70	PAST 12 MONTHS: WHO DID YOU PHYSICALLY FIGHT
Q71		Q71	Q71	PAST 30 DAYS: HOW OFTEN CARRIED A WEAPON
Q72		Q72	Q72	PAST 30 DAYS: WHAT TYPE OF WEAPON CARRIED
Q73	Q63	Q73	Q73	EVER SMOKED TOBACCO
Q74	Q64	Q74	Q74	HOW OFTEN SMOKE TOBACCO PRESENTLY
Q75A	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: BEER
Q75B	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: WINE
Q75C	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: LIQUOR / SPIRITS
Q75D	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: PRE-MIXED DRINKS
Q75E	Q65	Q75	Q75	PRESENTLY HOW OFTEN DRINK: ANY OTHER DRINK
Q76A	Q66	Q76	Q75	PAST 30 DAYS HOW OFTEN: SMOKED CIGARETTES
Q76B	Q66	Q76	Q76	PAST 30 DAYS HOW OFTEN: DRUNK ALCOHOL
Q76C	Q66	Q76	Q76	PAST 30 DAYS HOW OFTEN: BEEN DRUNK
Q77	Q67	Q77	Q77	HOW MANY CIGARETTES SMOKED PER DAY, PAST 30 DAYS
Q78A	Q68	Q78	Q78	HOW MANY FRIENDS: SMOKE CIGARETTES
Q78B	Q68	Q78	Q78	HOW MANY FRIENDS: DRINK ALCOHOL
Q78C	Q68	Q78	Q78	HOW MANY FRIENDS: GET DRUNK ONCE A WEEK
Q78D	Q69	Q78	Q78	HOW MANY FRIENDS: SMOKE / USE MARIJUANA
Q78E	Q68	Q78	Q78	HOW MANY FRIENDS: CARRY A WEAPON
Q79	Q69	Q79	Q79	EVER GOTTEN REALLY DRUNK
Q80A			Q80	WHAT AGE DID YOU FIRST: DRINK ALCOHOL
Q80B			Q80	WHAT AGE DID YOU FIRST: GET DRUNK
Q80C			Q80	WHAT AGE DID YOU FIRST: SMOKE A CIGARETTE
Q81A	Q70	Q80	Q81	EVER HAD MARIJUANA: IN YOUR LIFE
Q81B	Q70	Q80	Q81	EVER HAD MARIJUANA: IN THE LAST 12 MONTHS
Q81C	Q70	Q80	Q81	EVER HAD MARIJUANA: IN THE LAST 30 DAYS
Q82A			Q82	EVER TAKEN DRUG PAST 12 MONTHS: ECSTASY
Q82B			Q82	EVER TAKEN DRUG PAST 12 MONTHS: AMPHETAMINES
Q82C			Q82	EVER TAKEN DRUG PAST 12 MONTHS: OPIATES

PUF	Grade 5/6	Grade 7/8/9	Grade 10	Variable Label
Variable Name	Question #	Question #	Question #	
Q82D			Q82	EVER TAKEN DRUG PAST 12 MONTHS: MEDICATION TO GET HIGH
Q82E			Q82	EVER TAKEN DRUG PAST 12 MONTHS: COCAINE
Q82F			Q82	EVER TAKEN DRUG PAST 12 MONTHS: GLUE / SOLVENTS
Q82G			Q82	EVER TAKEN DRUG PAST 12 MONTHS: BALTOK
Q82H			Q82	EVER TAKEN DRUG PAST 12 MONTHS: LSD
Q82I			Q82	EVER TAKEN DRUG PAST 12 MONTHS: ANABOLIC STEROIDS
Q82J			Q82	EVER TAKEN DRUG PAST 12 MONTHS: ANY OTHER DRUG
Q83_1	Q71	Q81	Q83	DOES YOUR FATHER HAVE A JOB
Q83_2	Q71	Q81	Q83	WHAT IS YOUR FATHER'S JOB
Q83_3	Q71	Q81	Q83	WHY DOES YOUR FATHER NOT HAVE A JOB
Q84_1	Q72	Q82	Q84	DOES YOUR MOTHER HAVE A JOB
Q84_2	Q72	Q82	Q84	WHAT IS YOUR MOTHER'S JOB
Q84_3	Q72	Q82	Q84	WHY DOES YOUR MOTHER NOT HAVE A JOB
Q85	Q73	Q83	Q85	WERE YOU BORN IN THE UNITED STATES

OMB No.: 0925-0557 Expiration Date: 01/31/2012

2009–10 Health Behaviors in School Age Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write and only a computer will read your answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the <u>one answer</u> that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that <u>fill</u> the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only <u>one</u> circle for your answer in the column below the question, as shown here:

EXAMPLE:	Are you a boy or a girl?	
	ОВоу	
	● Girl	

• Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Mark one circle on <u>each</u> line" as shown here:

EXAMPLE: How often do you do each of the following: (Mark one circle on each line)

	Often	Sometimes	Never
a. Swim	0	0	
b. Bowl	\bigcirc		\bigcirc
c. Play Tennis		\bigcirc	\bigcirc

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TODAY'S DATE

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	DecembeJanuaryFebruaryMarchAprilMay	O 3	0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9			0 0 0 0 0	10 9 8 7 6 5	Best possible life
	re you a boy or) Boy) Girl	a girl?				0 0	4 3 2	
	Vhat month wer) Jan) Feb) Mar) Apr	e you born	?	○ Sept ○ Oct ○ Nov ○ Dec		0	1	Worst possible life
	Vhat year were y 1991 1992 1993 1994	you born? ○1995 ○1996 ○1997 ○1998		○ 1999 ○ 2000	8. Do you th O Much to O A bit to O About t O A bit to O Much to	oo thin o thin he righ o fat		dy is?
	low old are you 010 or younger 011 012	? ○13 ○14 ○15		○ 16 ○ 17 or older	9. About how play game (Playstati	v manges on a	comp	rs a day do you usually outer or games console ameCube etc.) in your free
	Vhat grade are y Grade 5 Grade 6	rou in?		○ Grade 9 ○ Grade 10	circle for www.weekdays	<u>eekend</u>		e circle for <u>weekdays</u> and one <u>Weekend</u>
	 What do you consider your ethnicity to be? Hispanic or Latino Not Hispanic or Latino 				a day a day ○ About 1 hour a day ○ About 1 hour a d			About half an hour a dayAbout 1 hour a day
(MOOOO	hat do you cons Iark all that appl Black or African White Asian American Indiar Native Hawaiian Other	Native		O About 2 O About 3 O About 4 O About 5 O About 6 O About 7 About 7	hours hours hours hours hours on	a day a day a day a day	About 3 hours a dayAbout 4 hours a dayAbout 5 hours a day	

7. Here is a picture of a ladder. The top of the

number that best describes where you stand)

ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the

(Please mark one circle for weekdays and one circle for weekend) Weekdays Weekend O None at all O None at all O About half an hour O About half an hour a day a day O About 1 hour a day O About 1 hour a day O About 2 hours a day O About 2 hours a day O About 3 hours a day O About 3 hours a day O About 4 hours a day O About 4 hours a day O About 5 hours a day O About 5 hours a day O About 6 hours a day O About 6 hours a day O About 7 or more O About 7 or more hours a day hours a day 11. How well off do you think your family is? O Very well off O Quite well off Average O Not very well off O Not at all well off 12. How many computers does your family own? O None O One O Two O More than two 13. Do you have your own bedroom for yourself? \bigcirc No O Yes 14. Does your family own a car, van or truck? \bigcirc No O Yes, one O Yes, two or more 15. During the past 12 months, how many times did you travel away on vacation with your family? O Not at all O Once O Twice O More than twice

10. About how many hours a day do you usually use a computer for chatting on-line, internet,

emailing, homework etc. in your free time?

All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

Stepfather (or mGrandmotherGrandfatherI live in a foster I	nome or children's home newhere else: <i>please write</i>
<u>Children</u>	
-	ny brothers and sisters live here p or foster brothers and sisters).
51	
	number or write 0 (zero) if there
Please write in the are none. How many	number or write 0 (zero) if there How many

17. Do you have another home or another family, such as the case when your parents are separated or divorced? ○ No - GO TO QUESTION 18 ○ Yes How often do you stay there? □ Half the time □ Regularly but less than half the time □ At weekends □ Sometimes □ Hardly ever	Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.			
Please <u>mark all</u> the people who live there: Adults Mother	For this next question, <u>add up</u> all the time you spent in physical activity each day.			
 Father Stepmother (or father's girlfriend) Stepfather (or mother's boyfriend) Grandmother Grandfather I live in a foster home or children's home Someone or somewhere else: please write down their relationship to you 	19. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? O days O 1 day O 2 days O 3 days O 7 days			
Children Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.	20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat? O Every day O 4 to 6 times a week O 12 to 3 times a week O 15 once a week O 16 once a month O 16 Less than once a month O 17 Never			
How many brothers? sisters? 18. About how many hours a day do you usually watch television (including videos and DVDs) in	21. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat? O None O About half an hour			
your free time? (Please mark one circle for weekdays and one circle for weekend)	 About 1 hour About 2 to 3 hours About 4 to 6 hours 7 hours or more 			
Weekdays ○ None at all ○ About half an hour a day ○ About 1 hour a day ○ About 2 hours a day ○ About 3 hours a day ○ About 4 hours a day ○ About 5 hours a day ○ About 6 hours a day ○ About 7 or more hours a day ○ About 7 or more hours a day	22. How long does it usually take you to travel to school from your home? (Please mark one circle only) Cless than 5 minutes 5-15 minutes 15-30 minutes 30 minutes to 1 hour More than 1 hour			

23. On a typical day is the MAIN part of your trip TO school made by? (Please mark one circle only) Walking Bicycle Bus, train, tram, metro, subway or boat Car, motorcycle, moped or motorized scooter Other means	28. Some young people go to school or to be hungry because there is not enough food home. How often does this happen to you Always Often Sometimes Never			d at				
24. On a typical day is the MAIN part of your trip FROM school made by? (Please mark one circle only) Walking	p	oun		do you w	eigh v	vithou	t clothe	es? (In
O Bicycle	Exar		Weigh	t	1	,	Weight	
O Bus, train, tram, metro, subway or boat		1	5	2				
Car, motorcycle, moped or motorized scooterOther means					1	_		
O Other means		0	O 0 O 1	0 0		0 0	○ 0 ○ 1	00
25. How often do you usually have breakfast (more than a glass of milk or fruit juice)? (Please mark one circle for weekdays and one circle for weekend)	00	2	0 2 0 3 0 4	0 1 0 2 0 3 0 4 0 5) 1) 2) 3	01 02 03 04 05	01 02 03 04 05
			O 6	06			O 6	06
<u>Weekdays</u> <u>Weekend</u>			07	07			O 7	07
O I never have O I never have breakfast			0 8 0 9	08			○ 8 ○ 9	08
breakfast during during the weekend weekdays One day on only one day of the Two days weekend (Saturday OR	30. H	low 1		e you wit	hout s	hoes?		9
○ Three days Sunday)		Exan	ıple					
O Four days O I usually have breakfast		Fe	et In	ches		Feet	Inch	es
O Five days on both weekend days (Saturday AND Sunday)		5	5	2				
26. How many times a week do you usually eat or		0		0		00		
drink? (Please mark one circle for each line)			-	○ 1 ● 2		01	0 2	
<u> </u>		Ŏ		\bigcirc 3		0.2		
Every day, more than once Once a day, every day		0	4	24		04	04	
5-6 days a week			_	5		$\bigcirc 5$	_	
2-4 days a week				O 6 O 7		06		
Once a week			· .) 8			O 8	
Less than once a week Never			I	9			09	
			I	O 10 O 11			0,	
a. Fruits				<i>J</i> 11]				
b. Vegetablesc. Sweets (candy or chocolate)								
d. Coke or other soft drinks that				ou last w		oursel	f?	
contain sugar		_		e last wee e last mo				
		_		e last filoi				
27. How often do you eat in a fast food restaurant		ОМо	re thar	n 6 montl	ns ago			
(for example, McDonalds, KFC, Pizza Hut, Taco Bell)?	00.1	. 71	1. 1	1 .			1 • 1 .	•
O Never				o u last m e last wee		e your	height	?
Rarely (less than once a month)Once a month		_		e last wee e last moi				
2-3 times a month		_		e last filo e last 6 m				
Once a week		ОМо	re thar	n 6 montl	ns ago			
○ 2-4 days a week○ 5 or more days a week								
U J OI MOTE days a WEEK								

 More than once a day Once a day At least once a week Less than once a we Never 38. In the last 6 months: 1	but not ek now ofte	daily en have	you had the
		Rar	ely or never
Mor			
	Adout e	very da	
a. Headache			
b. Stomach-ache			00000
c. Back ache			
d. Feeling low			0000
e. Irritability or bad temp	oer		
f. Feeling nervous			
g. Difficulties in getting	o sleep		00000
h. Feeling dizzy			00000
	_		
medicine or tablets to	r the fo	Howing	ξ?
		Yes,	Yes, more
	<u>No</u>	once	Yes, more than once
a. Headache	\bigcirc	once	-
b. Stomach-ache		once	than once
b. Stomach-achec. Difficulties in	0	once	than once
b. Stomach-ache	\bigcirc	once	than once
b. Stomach-achec. Difficulties in getting to sleepd. Nervousness	0	once	than once
b. Stomach-achec. Difficulties in getting to sleepd. Nervousnesse. Allergy	0	onceOOOO	than once
b. Stomach-achec. Difficulties in getting to sleepd. Nervousness	0	once	than once
b. Stomach-achec. Difficulties in getting to sleepd. Nervousnesse. Allergy	0	onceOOOO	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 	0 0 0 0	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your h	0 0 0 0	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle)	o o o o o o o o o o o o o o o o o o o	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle) Excellent 	ealth is.	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle)	ealth is.	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle) Excellent Good 	ealth is.	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle) Excellent 	ealth is.	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle Excellent Good 41. Do you have a long-te or medical condition asthma, allergy, ADHI	ealth is.	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle Excellent Good 41. Do you have a long-teer or medical condition asthma, allergy, ADHI has been diagnosed b	ealth is. or illner (like dia or cerey a doct	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle Excellent Good 41. Do you have a long-te or medical condition asthma, allergy, ADHI	ealth is. or illner (like dia or cerey a doct	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle Excellent Good 41. Do you have a long-teer or medical condition asthma, allergy, ADHI has been diagnosed b	ealth is. or illner (like dia or cerey a doct	once	than once
 b. Stomach-ache c. Difficulties in getting to sleep d. Nervousness e. Allergy f. Something else 40. Would you say your hone circle Excellent Good 41. Do you have a long-teer or medical condition asthma, allergy, ADHI has been diagnosed b	ealth is. or illner (like dia or cerey a doct	once	than once
	O More than once a da O Once a day O At least once a week Less than once a week Never 38. In the last 6 months: If following? (Please months) More a. Headache b. Stomach-ache c. Back ache d. Feeling low e. Irritability or bad temp f. Feeling nervous g. Difficulties in getting to h. Feeling dizzy	 ○ More than once a day ○ Once a day ○ At least once a week but not ○ Less than once a week ○ Never 38. In the last 6 months: how ofter following? (Please mark one About end of About end	Once a day At least once a week but not daily Less than once a week Never 38. In the last 6 months: how often have following? (Please mark one circle for About every More than once a variable About every data. Headache b. Stomach-ache c. Back ache d. Feeling low e. Irritability or bad temper f. Feeling nervous g. Difficulties in getting to sleep

 42. Do you take medicine for your long-term illness, disability or medical condition? ○ I do not have a long-term illness, disability or medical condition ○ Yes ○ No 	were you injured and had to be treated by		
43. Does your long-term illness, disability or medical condition affect your attendance and participation at school? ○ I do not have a long-term illness, disability or	46. How easy is it for you to talk to the following persons about things that really bother you?		
medical condition	(Please mark one circle for each line)		
○ Yes			
○ No	Don't have or see this person Very difficult		
44 mil 1	Difficult		
44. Thinking about last week	Easy		
Always	Very easy		
Very often	a. Father		
Quite often			
Seldom	b. Stepfather (or mother's boyfriend)c. Mother		
Never	c. Mother d. Stepmother (or father's girlfriend)		
a. Have you felt fit and well?			
b. Have you felt full of energy?	e. Elder brother (s) OOOOC f. Elder sister (s)		
c. Have you felt sad?	g. Best friend		
d. Have you felt lonely?	h. Friends of the same sex		
e. Have you had enough time for			
yourself?	i. Friends of the opposite sex		
f. Have you been able to do the things that you want to do in your free time?	47. How much does your <u>mother</u> (or <u>female</u> guardian) really know about?		
g. Have your parent(s) treated you	Don't have/see mother/guardian		
fairly?	She doesn't know anything		
h. Have you had fun with your friends?	She knows a little		
i. Have you got on well at school?	She knows a lot		
j. Have you been able to pay	a. Who your friends are		
attention?	b. How you spend your money		
	c. Where you are after school		
	d. Where you go at night		
Many young people get hurt or injured from activities such as playing sports or fighting with others at different places, such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu.	e. What you do with your free time		

The following question is about injuries you may

have had during the past 12 months.

48. How much does your <u>father</u> (or <u>male</u> guardian) really know about?	51. How many days a week do you usually spend time with friends right after school?
	0 days
Don't have/see father/guardian	01
He doesn't know anything	○ 2
He knows a little	○3
He knows a lot	O 4
a. Who your friends are	O 5
b. How you spend your money	○ 6 days
c. Where you are after school	
d. Where you go at night	52. How many evenings per week do you usually
e. What you do with your free time	spend out with your friends?
e. What you do with your free time	0 evenings
	01
49. In general, how satisfied are you with the	○ 2
relationships in your family? (Mark one circle	O 3
next to the number that best describes your feelings)	O 4
	○ 5
	06
10 We have very good relationships in our family	○ 7 evenings
10 We have <u>very good</u> relationships in our family	F0 II
O 9	53. How often do you talk to your friend(s) on
—	the phone or send them text messages or have
○ 8	contact through the internet? O Rarely or never
O 7	1 or 2 days a week
└	3 or 4 days a week
O 6	5 or 6 days a week
	O Every day
○ 5	2 2.0.),
O 4	54. In your opinion, what does your class teacher(s
\vdash	think about your school performance compared
O 3	to your classmates?
	○ Very good
○ 2	○ Good
0 1	○ Average
 	O Below average
0 We have <u>very bad</u> relationships in our family	
	55. How do you feel about school at present?
•	○ I like it a lot
50. At present, how many <u>close</u> male and female	○ I like it a bit
friends do you have? (Please mark one circle for	O I don't like it very much
each column)	O I don't like it at all
Males Females	
O None O None	
One One	
○ Two	
\bigcirc Three or more \bigcirc Three or more	

56. Here are some statements about the students
in your class(es). Please show how much you
agree or disagree with each one. (Please mark
one circle for each line)

	Str	ongl	y d	isa	gre	ee
		D	isa	gre	ee	
	Neither agree no	disa	agr	ee		
		Agr	ee			
	Strongly a	gree				
a.	The students in my class(es) enjoy					
	being together	C	0	0	0	0
b .	Most of the students in my class(es)				
	are kind and helpful	C	0	0	0	0
c.	Other students accept me as I am		0	0	0	0

57. How pressured do you feel by the schoolwork you have to do?

- O Not at all
- O A little
- O Some
- O A lot

Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also <u>not</u> bullying when a student is teased in a friendly and playful way.

58. How often have you been bullied at school in the past couple of months?

- O I haven't been bullied at school the past couple of months
- O It has only happened once or twice
- O 2 or 3 times a month
- O About once a week
- O Several times a week

59. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several times a week About once a week					
	2 or 3 times a month					
	Only once or t		ce			
	I have not been bullied in th					
	way in the past couple of month	1S				
a.	I was called mean names, was made					
1	fun of, or teased in a hurtful way		0			
b.	Other students left me out of things					
	on purpose, excluded me from their					
	group of friends, or completely	_	_			
	ignored me	0	0	0	0	
c.	, , , , , , , , , , , , , , , , , , , ,					
	around, or locked indoors	0	0	0	0	
d.	Other students told lies or spread					
	false rumors about me and tried to					
	make others dislike me	0	0	0		$ \circ $
e.	I was bullied with mean names and					
	comments about my race or color					
f.	I was bullied with mean names and					
	comments about my religion	0	0	0		
g.	Other students made sexual jokes,					
	comments, or gestures to me		0	0		
h.	I was bullied using a computer or					
	e-mail messages or pictures	0	0	0		
i.	I was bullied using a cell phone		0		0	
j.	I was bullied outside of school					
	using a computer or e-mail					
	messages or pictures	0	0	0	0	\circ
k.	I was bullied outside of school					
	using a cell phone	0	0	0		0

60. How often have you taken part in bullying another student(s) at school in the past couple of months?

O I haven't bullied another student(s) at school in
the past couple of months
O It has only happened once or twice

- O 2 or 3 times a month
- O About once a week
- O Several times a week

61. How often have you bullied at school in the past couple ways listed below? (<i>Please m</i>	e of months in the	O Every day		
		O Less than once a week		
	Several times a week	\bigcirc I do not smoke		
9.50	About once a week			
	3 times a month once or twice	65. At present, how often do you d		
I have not bullied another		alcoholic, such as beer, wine or		
this way in the past couple		Vodka or rum? Try to include e		
		when you only drink a small an		
a. I called another student(s) r		or two sips). (Please mark one cit	rcle for each line)	
names, and made fun of, or			Never	
him or her in a hurtful way			Rarely	
b. I kept another student(s) ou			Every month	
things on purpose, exclude			ery week	
or her from my group of frie		Eve	ery day	
completely ignored him or		a. Beer		
c. I hit, kicked, pushed, shoved		b. Wine		
or locked another student(s)	indoors OOOO	c. Liquor/Spirits		
d. I spread false rumors about a	another			
student(s) and tried to make	others	d. Pre-mixed drinks (for example,		
dislike him or her		Smirnoff Ice, Bacardi Breezer,		
e. I bullied another student(s)	with	Mike's Hard Lemonade)		
mean names and comment	s about	e. Any other drink that contains alco		
his or her race or color				
f. I bullied another student(s)	with	66. On how many occasions (if any	•	
mean names and comment	s about	the following things in the last	30 days? (Please	
his or her religion		mark one circle for each line)		
g. I made sexual jokes, comme	ents, or		40 times or more	
gestures to another studen	t(s) 0000		20-39 times	
h. I bullied another student(s) usi	ng a		10-19 times	
computer or e-mail messages of	or pictures OOOO		6-9 times	
i. I bullied another student(s)	using a		5 times	
cell phone		Once or to		
j. I bullied others outside of scho	ool using a	Neve	er	
computer or e-mail messages of	-	a. Smoked cigarettes		
k. I bullied others outside of so		b. Drunk alcohol		
using a cell phone		c. Been drunk		
asing a cen priorite		or been arank		
62. During the past 12 months		67. How frequently have you smok	ad cigarattes	
were you in a physical figh		during the LAST 30 DAYS?	eu eigurettes	
O I have not been in a physi		O Not at all		
○ 1 time ○ 2 times ○ 3 ti	mes 04 times or more	C Less than 1 cigarette per week		
	0.44.1	Less than 1 cigarette per day		
63. Have you ever smoked tob	acco? (At least one	1-5 cigarettes per day		
cigarette, cigar or pipe)		○ 6-10 cigarettes per day		
○ No		O 11-20 cigarettes per day		
○ Yes		O More than 20 cigarettes per da	ıy	

68. How many	of your	friends	would you
estimate			

							A	111
					Ī	Мo	st	
				S	on	ıe		
			Α	fe	w			
			No	ne				
a.	Smoke cigarettes			0	0	0	0	0
b .	Drink alcohol			0	0	0	0	0
c.	Get drunk at least	once a w	reek	0	0	0	0	0
d.	Smoke/use mariju (pot, weed, hash, j				0		0	0
e.	Carry a weapon, su or club	uch as gu	ın, knife,					0

69. Have you ever had so much alcohol that you were really drunk?

- O No, never
- O Yes, once
- O Yes, 2-3 times
- O Yes, 4-10 times
- O Yes, more than 10 times

70. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)

		40 times or more				re		
			20	-39	9 t	im	es	
		10)-19	9 t	im	es		
		6-	9 ti	im	es			
		3-5 ti	ime	es				
	Once	or twi	ce					
		Never						
a. In your life		0		0	0	0	0	
b. In the last 12 month	าร			0	0	0	0	
c. In the last 30 days		0		0	0	0	0	\circ

- O No
 - O Don't know
- O Yes
- O Don't have or don't see father

If YES, please say in what place he works (for example: hospital, bank, restaurant)

Please write down exactly what job he does
there (for example: teacher, bus driver)

	If NO, why does your father not have a job? (Please mark the circle that best describes the situation) He is sick, or retired, or a student He is looking for a job He takes care of others, or is full-time in the home							
72.	MOTHER—Does your mother have a job? O No O Don't know O Yes O Don't have or don't see mothe							
	If YES, please say in what place she works (for example: hospital, bank, restaurant)							
	Please write down exactly what job she does there (for example: teacher, bus driver)							
	If NO, why does your mother not have a job? (Please mark the circle that best describes the situation) She is sick, or retired, or a student She is looking for a job She takes care of others, or is full-time in the home							
73.	Were you born in the United States? ○ Yes ○ No							
74.	In which country was your mother born?							
	ODon't know							
75.	In which country was your father born?							
	ODon't know							
76.	5. What language do you most often speak at							

This is the end of the survey.

home?

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!

OMB No.: 0925-0557 Expiration Date: 01/31/2012

2009–10 Health Behaviors in School Age Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write and only a computer will read your answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the <u>one answer</u> that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that fill the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only <u>one</u> circle for your answer in the column below the question, as shown here:

EXAMPLE:	Are you a boy or a girl?	
	○ Boy	
	● Girl	

• Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Mark one circle on <u>each</u> line" as shown here:

EXAMPLE: How often do you do each of the following: (Mark one circle on each line)

	Often	Sometimes	Never
a. Swim	0	0	
b. Bowl	\bigcirc		\bigcirc
c. Play Tennis		\circ	\bigcirc

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TODAY'S DATE

Month	Da	ay
October November December January February March April May	○ 0 ○ 1 ○ 2 ○ 3	00 01 02 03 04 05 06 07 08

	NovembeDecembeJanuaryFebruaryMarchAprilMay		123456789		 10 Best possible lift 9 8 7 6 5 	fe	
1.	Are you a boy or ○ Boy ○ Girl	a girl?			432		
2.	What month wer ○ Jan ○ Feb ○ Mar ○ Apr	e you born O May O June O July O Aug	1?	○ Sept○ Oct○ Nov○ Dec	O 1 O Worst possible	life	
3a.	What year were y ○1991 ○1992 ○1993 ○1994	you born? ○1995 ○1996 ○1997 ○1998		○ 1999 ○ 2000	8. Do you think your body is? Much too thinA bit too thinAbout the right sizeA bit too fatMuch too fat		
3Ъ.	How old are you ○10 or younger ○11 ○12	? ○13 ○14 ○15		○ 16 ○ 17 or older	Q About how many hours a day do you usus		
4.	What grade are y ○ Grade 5 ○ Grade 6	y ou in? O Grade 7 O Grade 8		○ Grade 9 ○ Grade 10	time? (Please mark one circle for <u>weekd</u> circle for <u>weekend</u>) <u>Weekdays</u> <u>Weekend</u>	ays and one	
5.	What do you con ○ Hispanic or Lat ○ Not Hispanic o	ino	ethnic	ity to be?	a day a day O About 1 hour a day O About 1	alf an hour hour a day	
6. What do you consider your race to be? (Mark all that apply) O Black or African American O White O Asian O American Indian or Alaska Native O Native Hawaiian or Other Pacific Islander O Other					About 3 hours a dayAbout 4 hours a dayAbout 5 hours a dayAbout 5		

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and

number that best describes where you stand)

the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the

(Please mark one circle for weekdays and one circle for weekend) Weekdays Weekend O None at all O None at all O About half an hour O About half an hour a day a day O About 1 hour a day O About 1 hour a day O About 2 hours a day O About 2 hours a day O About 3 hours a day O About 3 hours a day O About 4 hours a day O About 4 hours a day O About 5 hours a day O About 5 hours a day O About 6 hours a day O About 6 hours a day O About 7 or more O About 7 or more hours a day hours a day 11. How well off do you think your family is? O Very well off O Quite well off Average O Not very well off O Not at all well off 12. How many computers does your family own? O None O One O Two O More than two 13. Do you have your own bedroom for yourself? \bigcirc No O Yes 14. Does your family own a car, van or truck? \bigcirc No O Yes, one O Yes, two or more 15. During the past 12 months, how many times did you travel away on vacation with your family? O Not at all O Once O Twice O More than twice

10. About how many hours a day do you usually use a computer for chatting on-line, internet,

emailing, homework etc. in your free time?

All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check all the people who live there.

Stepfather (or mGrandmotherGrandfatherI live in a foster I	nome or children's home newhere else: <i>please write</i>
<u>Children</u>	
-	ny brothers and sisters live here p or foster brothers and sisters).
51	
	number or write 0 (zero) if there
Please write in the are none. How many	number or write 0 (zero) if there How many

17. Do you have another home or another family, such as the case when your parents are separated or divorced? ○ No - GO TO QUESTION 18 ○ Yes How often do you stay there? □ Half the time □ Regularly but less than half the time □ At weekends □ Sometimes □ Hardly ever	Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.
Please <u>mark all</u> the people who live there: Adults Mother	For this next question, <u>add up</u> all the time you spent in physical activity each day.
 Father Stepmother (or father's girlfriend) Stepfather (or mother's boyfriend) Grandmother Grandfather I live in a foster home or children's home Someone or somewhere else: please write down their relationship to you 	19. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? O days O 1 day O 2 days O 3 days O 7 days
Children Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.	20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat? O Every day O 4 to 6 times a week O 12 to 3 times a week O 15 once a week O 16 once a month O 16 Less than once a month O 17 Never
How many brothers? sisters? 18. About how many hours a day do you usually watch television (including videos and DVDs) in	21. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat? O None O About half an hour
your free time? (Please mark one circle for weekdays and one circle for weekend)	 About 1 hour About 2 to 3 hours About 4 to 6 hours 7 hours or more
Weekdays ○ None at all ○ About half an hour a day ○ About 1 hour a day ○ About 2 hours a day ○ About 3 hours a day ○ About 4 hours a day ○ About 5 hours a day ○ About 6 hours a day ○ About 7 or more hours a day ○ About 7 or more hours a day	22. How long does it usually take you to travel to school from your home? (Please mark one circle only) Cless than 5 minutes 5-15 minutes 15-30 minutes 30 minutes to 1 hour More than 1 hour

23. On a typical day is the MAIN part of your trip TO school made by? (Please mark one circle only) Walking Bicycle Bus, train, tram, metro, subway or boat Car, motorcycle, moped or motorized scooter Other means	28. How often do you have an evening meal together with your mother or father? Never Less than once a week 1-2 days a week 3-4 days a week 5-6 days a week				
 24. On a typical day is the MAIN part of your trip FROM school made by? (Please mark one circle only) Walking Bicycle Bus, train, tram, metro, subway or boat Car, motorcycle, moped or motorized scooter Other means 25. How often do you usually have breakfast (more than a glass of milk or fruit juice)? (Please mark one circle for weekdays and one circle for weekend) 	 ○ Every day 29. Where do you usually eat your mid-day meal on schooldays? ○ At school ○ At home ○ At someone else's home ○ In a snack-bar, fast food restaurant, café ○ Somewhere else: (Please write down where) ○ I never eat a mid-day meal 30. How often do you eat a snack while you? 				
Weekdays ○ I never have breakfast during weekdays ○ One day ○ Two days ○ Three days ○ Four days ○ Five days ○ Five days ○ Sunday) ○ I usually have breakfast on only one day of the weekend (Saturday OR Sunday) ○ I usually have breakfast on both weekend days (Saturday AND Sunday)	Every day 5-6 days a week 3-4 days a week 1-2 days a week Less than once a week Never a. Watch TV (including videos and DVDs)? b. Work or play on a computer or games console?				
26. How many times a week do you usually eat or drink? (Please mark one circle for each line) Every day, more than once Once a day, every day 5-6 days a week 2-4 days a week Less than once a week Never a. Fruits b. Vegetables c. Sweets (candy or chocolate) d. Coke or other soft drinks that contain sugar 27. How often do you have breakfast together with your mother or father? Never Less than once a week 1-2 days a week 3-4 days a week 5-6 days a week Every day	31. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)? Never Rarely (less than once a month) Once a month Once a week 2-4 days a week 5 or more days a week 5 or more days a week Always Often Sometimes Never				

33. How much do you weigh without clothes? (In pounds)

Example

Ехитріе	Weight	
1	5	2
○ 0 ● 1 ○ 2 ○ 3	0 0 1 0 2 0 3 0 4 • 5 0 6 0 7 0 8 0 9	○ 0 ○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

	Weight	
0 0 1 0 2 0 3	0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8	0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8

34. How tall are you without shoes?

Example

Feet	Inches
5	2
○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ● 5 ○ 6 ○ 7	○ 0 ○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11

Feet	Inches
0 0 0 1 0 2 0 3 0 4 0 5 0 6 0 7	0 0 1 02 03 04 05 06 07 08 09 010

35.	When	did '	vou	last	weigh	vours	elf?

- O Within the last week
- O Within the last month
- O Within the last 6 months
- O More than 6 months ago

36. When did you last measure your height?

- O Within the last week
- O Within the last month
- O Within the last 6 months
- O More than 6 months ago

37. At present are you on a diet or doing something else to lose weight?

- O No, my weight is fine
- O No, but I should lose some weight
- O No, because I need to put on weight
- O Yes

38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what your feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with each one. (Please mark one circle for each line)

		Strongly agree							
		Agree							
		Neither agree or disagree							
		Disagree							
		Strong	gly disagre	e					
a.	I am frustra	ted with my phy	ysical						
	appearance	5		0	0	0	0	0	
b .	I am satisfie	ed with my appe	earance		0	0	0	0	
c.	I hate my b	ody		\circ	0	0	0	0	
d.	I feel comfo	ortable with my	body		0	0	0	0	
e.	I feel anger	toward my bod	у		0	0	0	0	
f.	I like my ap	pearance in spit	te of						
	its imperfed	ctions		\circ	0	0	0	0	

GIRLS ONLY

39.	Have	you	begun	to	menstruate	(have	periods))?
-----	------	-----	-------	----	------------	-------	----------	----

No, I have not yet begun to menstruate
 Yes, I have begun to menstruate.
 Please indicate the age you were when you began to menstruate. For example, if you began 3 months after your 13th birthday you would indicate the age of 13 years and 3 months.
 I began at the age of ______ years and months.

BOYS ONLY

40. Have you begun to grow hair on your face?

- O Not yet started
- O Barely started
- O Definitely underway
- O Seems completed

41. How often do you brush your teeth?

- O More than once a day
- Once a day
- O At least once a week but not daily
- O Less than once a week
- O Never

42. In the last 6 months: how often have you had the following? (Please mark one circle for each line)					medical condition affect your attendance and					
Rarely or never					participation at school?					
	Ab		ry month	1 '	OI do not have a long-term illness,	disab	ilit	уо	r	
		ut ever		Ι,	medical condition Yes					
More		nce a v		1						
		every da		'	○ No					
a. Headache				48.	Thinking about last week					
b. Stomach-ache								A 1		
c. Back ache						Ver			vays	
d. Feeling low					Oı	iite o			11	
e. Irritability or bad temper	2r					eldo				
f. Feeling nervous	-1					ever				
g. Difficulties in getting to	sleep				Have you felt fit and well?					
h. Feeling dizzy	J. J. J.				Have you felt full of on array?					
III reemig dizzy					Have you felt full of energy?					
					Have you felt sad?					
43. During the last month	have y	ou take	en any		Have you felt lonely?		0		\circ	
medicine or tablets for	the fo	llowing	g?	e.	Have you had enough time for					
		Voc	Voc. mono	l _	yourself?		0		\circ	
	No	Yes, once	Yes, more than once	f.	Have you been able to do the					
a. Headache					things that you want to do in your					
	_		<u> </u>		free time?		0		0 0	
b. Stomach-ache	0	0	\circ	g.	Have your parent(s) treated you					
c. Difficulties in					fairly?		\circ		\circ	
getting to sleep	0	0	O	h.	Have you had fun with your friends	? 0	0	0	\circ	
d. Nervousness	0	0	0	i.	Have you got on well at school?		0			
e. Allergy	0	0	0	j.	Have you been able to pay					
f. Something else	0	0	\circ	3	attention?		0			
44. Would you say your he	alth is.	? (Ple	ease mark	N 4		-1.6			•	
one circle)	<u> </u>				any young people get hurt or injure					
O Excellent	O F				es such as playing sports or fighting					
○ Good	OF	Poor			fferent places, such as the street or h			-	ies	
45 Da harra - laura 4	:11	1:-	-1-:1:4		n include being poisoned or burned	•				
45. Do you have a long-term or medical condition (1				_	onot include illnesses such as Measl					
asthma, allergy, ADHD					ne following question is about injurie	28 YO	u n	lay		
has been diagnosed by			aisy) tilat	l lic	ave had during the past 12 months.					
Yes. If Yes, please write			0							
Tes. II Tes, please write	= wiiat	triey ar	c.	49 1	During the past 12 months, how n	nanv	tiı	mer	c	
					were you injured and had to be tr					
○ No					doctor or nurse?			<i>J</i>		
				\bigcirc I was not injured in the past 12 m	onth	S				
46. Do you take medicine f			term illness,		○ 1 time					
disability or medical co			1.114		○ 2 times					
O I do not have a long-to	erm illr	iess, dis	sability or	1 '	○ 3 times					
medical condition O Yes				1	\bigcirc 4 times or more					
○ No										
O NO										

50. How easy is it for you to talk to the followin	g
persons about things that really bother you?	•
(Please mark one circle for each line)	

		Don't have or see this person								
			Very difficult							
			Difficult							
			E	as	y					
		Very	easy	7						
a.	Father				\supset	0	0	0		
b .	Stepfather (o	r mother's boyfriend) (C	0	0	0		
c.	Mother				\subset	0	0	0		
d.	Stepmother	(or father's girlfriend)			C	0	0	0		
e.	Elder brother	r (s)			\subset	0	0	0		
f.	Elder sister (s)			C	0	0	0		
g.	Best friend				\subset	0	0	0		
h.	Friends of the	e same sex			C	0	0	0		
i.	Friends of the	e opposite sex			C	0	0	0		

51. How much does your <u>mother</u> (or <u>female</u> guardian) really know about...?

	Don't have/see mother/g	Don't have/see mother/guardian						
	She doesn't know any	hir	ıg					
	She knows a lit	tle						
	She knows a lot							
a.	Who your friends are		0	0				
b.	How you spend your money		0	0				
c.	Where you are after school		0	0				
d.	Where you go at night		0	0				
e.	What you do with your free time	0	0	0				

52. How much does your <u>father</u> (or <u>male</u> guardian) really know about...?

	Don't have/see father/guardian						
		He doesn't k	now anyt	hir	ıg		
		He kn	ows a litt	le			
		He kno	ows a lot				
a.	Who your frie	nds are	0	0	0	0	
b.	How you sper	nd your money	0		0	0	
c.	Where you ar	e after school	0	0	0	0	
d.	Where you go	at night	0	0	0	0	
e.	What you do	with your free time	0		0	0	

53. My parent/guardian... (Please mark one circle for each line)

	Don't have or don't see parent/guardian						an		
Almost neve					er				
					Some	tim	es		
				Almos	t alwa	ıys			
a.	Helps	me as m	uch as I n	eed		0	0		0
b.	Lets n	ne do the	things I l	ike doing		0	0	0	0
c.	Is lovi	ng				\bigcirc	0		0
d.	Unde	rstands n	ny proble	ms and w	orries	0	0	0	0
e.	Likes	me to ma	ake my ov	vn decisio	ns	\bigcirc	0		0
f.	Tries t	to contro	l everythi	ng I do		0	0	0	0
g.	Treats	s me like a	a baby			\bigcirc	0		0
h.	Make	s me feel	better wh	nen I am u	ıpset	0	0	0	0
				_		_			

54. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings)

0	10 We have <u>very good</u> relationships in our family
0	9
0	8
0	7
0	6
0	5
0	4
0	3
0	2
0	1
0	0 We have <u>very bad</u> relationships in our family

55. At present, how many <u>close</u> male and female friends do you have? (Please mark one circle for each column)

<u>Males </u>	<u>Females</u>
○ None	○ None
○ One	○ One
○Two	○Two
O Three or more	O Three or more

56. Are MOST of the friends in your group...

- O More or less your same age (same grade)
- Older than you (by one grade or more)
- O Younger than you (by one grade or more)

57.	How many days a week do you usually spend time with friends right after school? O days 1 2	63. Here are some statements about the student in your class(es). Please show how much yo agree or disagree with each one. (Please mark one circle for each line)			much you
	03	ı		Stroi	ngly disagree
	O 4	ı	_		Disagree
	05	ı	Neither ag	gree nor d	lisagree
	O 6 days	ı		P	Agree
	,-	ı	Str	ongly agr	ee
		ı	a. The students in my class(es)) aniov	
58.	How many evenings per week do you usually	ı	being together	Cinoy	
	spend out with your friends?			class(as)	
	0 evenings		b. Most of the students in my	Class(es)	
	○ 1 ○ 2		are kind and helpful		
	O2 O3		c. Other students accept me a	ıs I am	
	O ₄	ı			
	05		4 11 1 1	1 1 41	-111-
	06	04	4. How pressured do you feel	. by the so	cnoolwork
	7 evenings	ı	you have to do? ○ Not at all		
		ı	O A little		
59.	How often do you talk to your friend(s) on	ı	O Some		
	the phone or send them text messages or have	ı	O A lot		
	contact through the internet?	ı	O Miot		
	O Rarely or never				
	O 1 or 2 days a week		11	at la calla da c	. \\/
	O 3 or 4 days a week		Here are some questions about		
	○ 5 or 6 days a week		student is BEING BULLIED whe		
	○ Every day		a group of students, say or do	-	
			things to him or her. It is also I	, -	
60.	Your group of friends is well accepted by your		dent is teased repeatedly in a		
	parents?		not like or when he or she is do		•
	O Almost always		things. But it is NOT BULLYING		
	Sometimes		of about the same strength or		
	Never, almost never		It is also <u>not</u> bullying when a s	tudent is	teased in a
	O They haven't met your group of friends		friendly and playful way.		
61	<u>In your opinion</u> , what does your class teacher(s)	_			
01.	think about your school performance compared			110 1 .	1 1.
	to your classmates?	65	5. How often have you been b		school in
	O Very good	ı	the past couple of months?		
	O Good	ı	O I haven't been bullied at so	chool the	past couple
	O Average	ı	of months O It has only happened once	o or twice	
	O Below average	ı	2 or 3 times a month	e or twice	:
		ı	O About once a week		
62.	How do you feel about school at present?	ı	O Several times a week		
_•	O I like it a lot	ı	Several annes a week		
	O I like it a bit	ı			
	O I don't like it very much	ı			
	O I don't like it at all	ı			
		ı			
		ı			

66. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	Several	tin	ıes	aч	ve	ek
	About o	About once a week				
	2 or 3 times			th		
	Only once or		ce			
	I have not been bullied in t					
	way in the past couple of mon	tns				
a.	I was called mean names, was made					
	fun of, or teased in a hurtful way		0	0	0	0
b .	Other students left me out of things					
	on purpose, excluded me from their					
	group of friends, or completely					
	ignored me		0	0	0	0
c.	I was hit, kicked, pushed, shoved					
	around, or locked indoors		0	0	0	0
d.	Other students told lies or spread					
	false rumors about me and tried to					
	make others dislike me		0	0	0	0
e.	I was bullied with mean names and					
	comments about my race or color		0	0	0	0
f.	I was bullied with mean names and					
	comments about my religion		0	0	0	0
g.	Other students made sexual jokes,					
	comments, or gestures to me		0	0	0	0
h.	I was bullied using a computer or				_	_
	e-mail messages or pictures		0		0	0
i.	I was bullied using a cell phone		0	0	0	0
j.	I was bullied outside of school					
	using a computer or e-mail					
	messages or pictures		0	0	0	0
k.	I was bullied outside of school					
	using a cell phone		10	O	O	O

67. How often have you taken part in bullying another student(s) at school in the past couple of months?

of monues:
O I haven't bullied another student(s) at school in
the past couple of months
O It has only happened once or twice
2 or 3 times a month
O About once a week
O Several times a week

68. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

		Several t				_	
		About on				ek	
		2 or 3 times a			th		
		Only once or t		ce			
		I have not bullied another student					
		this way in the past couple of month	18				
	a.	I called another student(s) mean					
		names, and made fun of, or teased					
		him or her in a hurtful way	0	0	0		
	b .	I kept another student(s) out of					
		things on purpose, excluded him					
		or her from my group of friends, or					
		completely ignored him or her		0	0		
	c.	I hit, kicked, pushed, shoved around,					
		or locked another student(s) indoors	0	0	0		
	d.	I spread false rumors about another					
		student(s) and tried to make others					
		dislike him or her		0			
	e.	I bullied another student(s) with					
		mean names and comments about					
		his or her race or color	0	0	0		
	f.	I bullied another student(s) with					
		mean names and comments about					
		his or her religion	0	0	0		
	g.	I made sexual jokes, comments, or					
		gestures to another student(s)	0	0	0		
	h.	I bullied another student(s) using a					
		computer or e-mail messages or pictures	0	0	0		
	i.	I bullied another student(s) using a					
		cell phone	0	0	0		
	j.	I bullied others outside of school using a					
		computer or e-mail messages or pictures	0	0	0		
	k.	I bullied others outside of school					
		using a cell phone	0	0	0		
6		During the past 12 months, how ma	ıny	ti	me	S	
		were you in a physical fight?					
		O I have not been in a physical fight					
	(\bigcirc 1 time \bigcirc 2 times \bigcirc 3 times \bigcirc 4	tin	nes	or	mor	e
_	ω -	The least time are a second in the second in	c:	L,	.1		_
/		The last time you were in a physical the past 12 months, with whom did					,
		O I have not been in a physical fight in					
	`	12 months	ui	eμ	ası	•	
	(O A total stranger					
		O A parent or other adult family mem	be	r			
		O A brother or sister					
		A boyfriend/girlfriend or date					
		A friend or someone I know					
	(○ Someone not listed above					

71. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club? O I did not carry a weapon during the past 30 days	76. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line)
○ 1 day	40 times or more
O 2 to 3 days	20-39 times
○ 4 to 5 days	10-19 times
\bigcirc 6 or more days	6-9 times
- o 1	3-5 times
72. The last time you carried a weapon during the	Once or twice
past 30 days, what type of weapon was it?	Never
O I did not carry a weapon during the past 30 days	a Smalked significant
○ Knife or pocketknife ○ Stick or club	a. Smoked cigarettes b. Drunk alcohol
Knuckle-brace/brass knuckles	
O Tear gas/pepper spray/Mace	c. Been drunk
O Handgun or other firearm	
Other type, please specify:	77. How frequently have you smoked cigarettes
71 /1 /	during the LAST 30 DAYS?
	○ Not at all
	Less than 1 cigarette per week
73. Have you ever smoked tobacco? (At least one	Less than 1 cigarette per day
cigarette, cigar or pipe)	1-5 cigarettes per day
○ No	○ 6-10 cigarettes per day
○ Yes	○ 11-20 cigarettes per day
	O More than 20 cigarettes per day
74. How often do you smoke tobacco at present?	
○ Every day	78. How many of your friends would you
At least once a week, but not every day	estimate
C Less than once a week	All
○ I do not smoke	Most
77	Some
75. At present, how often do you drink anything alcoholic, such as beer, wine or hard liquor like,	A few
Vodka or rum? Try to include even those times	None
when you only drink a small amount (e.g. one	a. Smoke cigarettes
or two sips). (Please mark one circle for each line)	b. Drink alcohol
of two sips). (I touse mark one entite for each time)	c. Get drunk at least once a week
Never	d. Smoke/use marijuana,
Rarely	(pot, weed, hash, joint)
Every month	e. Carry a weapon, such as gun, knife,
Every week	or club lolololo
Every day	
a. Beer	
b. Wine	79. Have you ever had so much alcohol that you
c. Liquor/Spirits	were really drunk?
	O No, never
d. Pre-mixed drinks (for example,	○ Yes, once
Smirnoff Ice, Bacardi Breezer, Mike's Hard Lemonade)	○ Yes, 2-3 times ○ Yes, 4-10 times
	Yes, more than 10 times
e. Any other drink that contains alcohol O O O O	5 163, more than 10 times

80. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line) 40 times or more 20-39 times 10-19 times 6-9 times 3-5 times Once or twice	82. MOTHER—Does your mother have a job? O No O Don't know O Yes O Don't have or don't see mothe If YES, please say in what place she works (for example: hospital, bank, restaurant)
Never a. In your life b. In the last 12 months	Please write down exactly what job she does there (for example: teacher, bus driver)
c. In the last 30 days	If NO, why does your mother not have a job? (Please mark the circle that best describes the situation) She is sick, or retired, or a student
81. FATHER—Does your father have a job? O No O Don't know O Yes O Don't have or don't see father	 She is looking for a job She takes care of others, or is full-time in the home I don't know
If YES, please say in what place he works (for example: hospital, bank, restaurant)	83. Were you born in the United States? O Yes O No
Please write down exactly what job he does there (for example: teacher, bus driver)	84. In which country was your mother born?
	ODon't know
If NO, why does your father not have a job? (Please mark the circle that best describes the situation) O He is sick, or retired, or a student	85. In which country was your father born?
He is looking for a jobHe takes care of others, or is full-time in the home	ODon't know
○ I don't know	86. What language do you most often speak at home?

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!

OMB No.: 0925-0557 Expiration Date: 01/31/2012

10

2009–10 Health Behaviors in School Age Children Survey

This survey asks about your health. It is being given to thousands of young people throughout the U.S. and in many other countries. The information you give will be used to develop better programs for young people like yourself.

This survey is anonymous. DO NOT write your name anywhere on this survey booklet. No one will know what you write and only a computer will read your answers. Answer the questions based on what you really do, think, and feel. There are some questions that describe the types of students answering this survey. We do not want anyone's name. Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in any class.

Make sure you read every question. You do not have to answer any question that makes you feel uncomfortable. When you are finished, follow the instructions of the person giving you the survey.

INSTRUCTIONS FOR COMPLETING THE SURVEY

- Read all the printed answers before marking your choice.
- Mark the circle for the <u>one answer</u> that best fits your situation.
- Use a No. 2 pencil.
- Make heavy marks that <u>fill</u> the circle for your answer.
- Erase cleanly any answer you wish to change.
- Please do not make stray marks of any kind.
- For all the questions, except questions 6, 16, and 17, you should mark only <u>one</u> circle for your answer in the column below the question, as shown here:

EXAMPLE:	Are you a boy or a girl?
	OBoy
	Girl Girl

• Sometimes you will be asked to select one choice for each statement. For these questions, make sure to "Mark one circle on <u>each</u> line" as shown here:

EXAMPLE: How often do you do each of the following: (Mark one circle on each line)

	Often	Sometimes	Never
a. Swim	0	0	
b. Bowl	\bigcirc		\bigcirc
c. Play Tennis		\bigcirc	\bigcirc

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0557). Do not return the completed form to this address.

llowing are used	**Values Note: the follow
ng/blank,	throughout: M=Missing/b
	R=Refusal/Skip
	·

TODAY'S DATE

Month	Day		
MONTH		DATED	
O October	O 0	00	
O November	O 1	O 1	
O December	O 2	O 2	
O January	○ 3	○ 3	4 04 **
○ February		O 4	1-31, **
○ March		O 5	
O April		06	
○ May		O 7	
		08	
		O 9	

M1 Sex	1.	Are you a boy or a O Boy 1 ** O Girl 2	girl?	
13 Month		O Feb ₀₂	you born? May ₀₅ June ₀₆ July ₀₇ Aug ₀₈	○ Sept ₀₉ ○ Oct ₁₀ ○ Nov ₁₁ ○ Dec ₁₂
M4 Yea		O 1992 1992 O 1993 1993	u born?) 1995) 1996) 1996) 1997) 1998 1998	○ 1999 ₁₉₉₉ ○ 2000 ₂₀₀₀
x43	3b.	How old are you? 10 or younger 11 12 12 12 10	013 ₄ 014 ₅ 015 ₆	○ 16 ₇ ○ 17 or older ₈
M2 Grade	4.	What grade are you O Grade 5 1 (O Grade 6 2	u in? O Grade 7 ₃ O Grade 8 ₄	○ Grade 9 5 ○ Grade 10 6
x 1	5.	What do you consi O Hispanic or Lating O Not Hispanic or L	0 1	ity to be?
		What do you consid (Mark all that apply)	-	be?
x2a x2b x2c x2c x2c x2e x2f x3	a (○ Black or African Ar ○ White₂ ○ Asian₃ ○ American Indian o ○ Native Hawaiian o ○ Other₆ 	merican ₁ or Alaska Native⊿	lander ₅

7. Here is a picture of a ladder. The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you. In general, where on the ladder do you feel you stand at the moment? (Mark the circle next to the number that best describes where you stand)

0	10 ₁₀ Best possible life
0	99
0	88
0	7 7
0	
0	6 6 5 5
0	4
0	4 ₄ 3 ₃ 2 ₂
0	2
0	1
0	0 Worst possible life

8. Do you milik your body is?	IVI I Z	TTIKDOGYD
O Much too thin ₁		
\bigcirc A bit too thin 2		
\bigcirc About the right size $_3$		
O A bit too fat 4		
O Much too fat -		

9. About how many hours a day do you usually play games on a computer or games console (Playstation, Xbox, GameCube etc.) in your free time? (Please mark one circle for weekdays and one circle for weekend)

M21 Compday	M22 Compwnd
<u>Weekdays</u>	<u>Weekend</u>
	•
hours a day ₉	hours a day ₉

10. About how many hours a day do you usually use a computer for chatting on-line, internet, emailing, homework etc. in your free time? (Please mark one circle for weekdays and one circle

		for <u>weekend</u>)	
		for weekend) M23 Comusev Weekdays None at all ₁ About half an hour a day ₂ About 1 hour a day ₃ About 2 hours a day ₄ About 3 hours a day ₅ About 4 hours a day ₆ About 5 hours a day ₇ About 6 hours a day ₈ About 7 or more hours a day ₉	M24 Comusewk Weekend None at all ₁ About half an hour a day ₂ About 1 hour a day ₃ About 2 hours a day ₄ About 3 hours a day ₅ About 4 hours a day ₇ About 5 hours a day ₇ About 6 hours a day ₈ About 7 or more hours a day ₉
M122 Welloffb	11.	How well off do you thin Very well off ₁ Quite well off ₂ Average ₃ Not very well off ₄ Not at all well off ₅	Ŭ
M121 Nocomput		How many computers d None ₁ One ₂ Two ₃ More than two ₄	oes your family own?
M119 Ownbedr	13.	Do you have your own by yourself? O No 1 O Yes 2	pedroom for
M118 Famcar	14.	Does your family own a No ₁ Yes, one ₂ Yes, two or more ₃	car, van or truck?
M120 Holidays	15.	During the past 12 mon you travel away on vaca O Not at all Once 2 Twice 3	ths, how many times did tion with your family?

All families are different (for example, not everyone lives with both their parents; sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

16. Please answer this question for the home where you live all or most of the time and check <u>all</u> the people who live there.

<u>Adults</u>	
○ Mother F	For All: 1=Yes, 2=No
○ Father	
O Stepmother (or	father's girlfriend)
O Stepfather (or m	
O Grandmother	-
○ Grandfather	
\bigcirc I live in a foster I	nome or children's home
O Someone or son	newhere else: <i>please write</i>
down their relati	onship to you
[Keyed/Scanned Text]
Children	
	Mother Father Stepmother (or mostepharm) Grandmother Grandfather I live in a foster hostomather relation

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters).

Please write in the number or write 0 (zero) if there are none.

M69 How many sisters? ____ How many M68 brothers? __[0-99]

M70 Secondh M71 Timesh	Do you have another ho such as the case when y separated or divorced? No - GO TO QUESTION Yes 1 How often do you stay Half the time1 Regularly but less the At weekends 3 Sometimes 4 Hardly ever 5	our parents are 18 2 there?	Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing.	
M72 M73 M74 M75	MotherFatherStepmother (or father)Stepfather (or mother)	all: 1=Yes, 2=No s girlfriend)	1 1 11	И16 Physact
M76 M77 M78	 ○ Grandmother ○ Grandfather ○ I live in a foster home of someone or somewhee down their relationship [Keyed/Scanned Text 	re else: <i>please write</i> to you	minutes per day? \bigcirc 0 days $_0$ \bigcirc 4 days $_4$ \bigcirc 1 day $_1$ \bigcirc 5 days $_5$ \bigcirc 2 days $_2$ \bigcirc 6 days $_6$ \bigcirc 3 days $_3$ \bigcirc 7 days $_7$	·
	Children Please say how many brot (including half, step or fost Please write in the number are none.	ter brothers and sisters).	20. OUTSIDE SCHOOL HOURS: How OFTEN do you usually exercise in your free time so much that you get out of breath or sweat? © Every day ₁	M17 Timeexce
M80 18. M19 Tvhday	How many brothers? [0-99] M81 About how many hours watch television (includ your free time? (Please a days and one circle for week	ing videos and DVDs) in mark one circle for <u>week-</u> <u>ekend</u>) M20 <u>Weekend</u> Tvhwnd	21. OUTSIDE SCHOOL HOURS: How many HOURS a week do you usually exercise in your free time so much that you get out of breath or sweat? O None O About half an hour O About 1 hour O About 2 to 3 hours O About 4 to 6 hours O 7 hours or more	M18 Hourexc
	 None at all 1 About half an hour a day 2 About 1 hour a day 3 About 2 hours a day₄ About 3 hours a day₅ About 4 hours a day₆ About 5 hours a day₇ About 6 hours a day₈ About 7 or more hours a day₉ 	O None at all ₁ O About half an hour a day ₂ O About 1 hour a day ₃ O About 2 hours a day ₄ O About 3 hours a day ₅ O About 4 hours a day ₆ O About 5 hours a day ₇ O About 6 hours a day ₈ O About 7 or more hours a day ₉	22. How long does it usually take you to travel to school from your home? (Please mark one circle only) O Less than 5 minutes 1 O 5-15 minutes 2 O 15-30 minutes 3 O 30 minutes to 1 hour ₄ O More than 1 hour ₅	PA14

PA15	TO school made b Walking 1 Bicycle 2 Bus, train, tram,	the MAIN part of your trip y? (Please mark one circle only) metro, subway or boat 3 moped or motorized scooter ₄	28. How often do you have an evening meal together with your mother or father? Never 1 Less than once a week 2 1-2 days a week 3 3-4 days a week 4 5-6 days a week 5 Every day6
PA16	FROM school made Walking Bicycle Bus, train, tram, Car, motorcycle, Other means 5	the MAIN part of your trip by? (Please mark one circle only) metro, subway or boat 3 moped or motorized scooter4 usually have breakfast (more	29. Where do you usually eat your mid-day meal on schooldays? ED15 15a At school 15b At home 15c At someone else's home 15d In a snack-bar, fast food restaurant, café 15e Somewhere else: (Please write down where) X44
M5	than a glass of mi (Please mark one ci for <u>weekend</u>)	l k or fruit juice)? rcle for <u>weekdays</u> and one circle M6	15f ○ I never eat a mid-day meal 30. How often do you eat a snack while you?
Breakd	weekdays ○ I never have breakfast during weekdays ○ One day ○ Two days ○ Three days ○ Four days ○ Five days 6 26. How many times	Breakfwn O I never have breakfast during the weekend 1 O I usually have breakfast on only one day of the weekend (Saturday OR Sunday)2 O I usually have breakfast on both weekend days (Saturday AND Sunday)3 a week do you usually eat or ark one circle for each line)	Every day 5-6 days a week 3-4 days a week 1-2 days a week Less than once a week Never 1 2 3 4 5 6 a. Watch TV (including videos ED17 and DVDs)? b. Work or play on a computer ED18 or games console?
M7 Fruitsa M8 Veget M9 Sweet M10 Coke	aba ea Less a. Fruits b. Vegetables c. Sweets (candy or of contain sugar	drinks that	31. How often do you eat in a fast food restaurant (for example, McDonalds, KFC, Pizza Hut, Taco Bell)? Never ₁ Rarely (less than once a month) ₂ Once a month ₃ 2-3 times a month ₄ Once a week ₅ 2-4 days a week ₆ 5 or more days a week ₇ 32. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you? Always ₁ Often ₂ Sometimes ₃
	 ○ Never 1 ○ Less than once a ○ 1-2 days a week ○ 3-4 days a week ○ 5-6 days a week ○ Every day 	week ₂ 3 4	○ Never ₄

M13 Weight

33. How much do you weigh without clothes? (In pounds)

Example			
	Weight		
1	5	2	
○ 0 ● 1 ○ 2 ○ 3	0 0 1 0 2 0 3 0 4 • 5 0 6 0 7 0 8 9	0 0 1 • 2 0 3 0 4 0 5 0 6 0 7 0 8 9	

[0-999]			
	Weight		
0 0 1 0 2 0 3	0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 8 9	0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 8 9	

34. How tall are you without shoes?

M14 Height

X46

M11

Ondietb

Ехатріе

$\Gamma \cap$	\sim	\sim
	_u	991
ıv	-0	001

Feet	Inches
5	2
○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ● 5 ○ 6 ○ 7	○ 0 ○ 1 ● 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○ 11

Feet	Inches
0 0 1 0 2 0 3 0 4 0 5 0 6 0 7	0 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10 0 11

VAE	35. When did you last weigh yours	elf
X45	O	

- Within the last week 1
- O Within the last month 2
- O Within the last 6 months₃
- \bigcirc More than 6 months ago₄

36. When did you last measure your height?

- Within the last week₁
- O Within the last month₂
- O Within the last 6 months₃
- O More than 6 months ago₄

37. At present are you on a diet or doing something else to lose weight?

- No, my weight is fine 1
- O No, but I should lose some weight 2
- O No, because I need to put on weight 3
- \bigcirc Yes₄

38. Here are some statements about one's feelings of his/her body. There are no right or wrong answers. We would like to know what your feelings of your body are. Please evaluate how the statements relate to you by checking the degree to which you agree or disagree with **each one.** (*Please mark one circle for each line*)

				St	ror	ıgl	y a	gre	ee
	Agre							e	
			Neither a	agree or d	isa	gre	ee		
				Disa	=	ee			
			Strong	gly disagre	ee				
ΞD	32 a.	I am frustra	ted with my phy	/sical	1	2	3	4	5
ED	33	appearance	2		0	0	0		C
	b .	I am satisfie	ed with my appe	arance	0	0	0	0	C
:D3	³⁴ c.	I hate my b	ody		0	0	0	0	C
:D3	³⁵ d.	I feel comfo	ortable with my l	body	0	0		0	C
ED:	³⁶ e.	I feel anger	toward my bod	y	0	0	0	0	C
	f.	I like my ap	pearance in spit	e of					
ED3	37	its imperfee	ctions		0	0		0	С

GIRLS ONLY

X58

- 39. Have you begun to menstruate (have periods)?
 - O No, I have not yet begun to menstruate 1 O Yes, I have begun to menstruate.2 Please indicate the age you were when you began to menstruate. For example, if you began

3 months after your 13th birthday you would indicate the age of 13 years and 3 months.

I began at the age of _____ years and months. M124 Agemenst

M125 Monthme

BOYS ONLY

X47

- 40. Have you begun to grow hair on your face?
 - O Not yet started₁
 - O Barely started 2
 - O Definitely underway₃
 - Seems completed,

41. How often do you brush your teeth?

M15 Toothbr

- Once a day₂
- \bigcirc At least once a week but not daily,
- Less than once a week₄

O More than once a day₁

O Never₅

	In the last 6 months: he following? (Please ma			•	47. Does your long-term illness, disability or medical condition affect your attendance and	18
			Rar	ely or never	participation at school? O I do not have a long-term illness, disability or	
		Abo	ut eve	ry month	medical condition ₁	
				week	O Yes ₂	
		than on			$\bigcirc No_3$	
		About ev	ery da	y 1 2 3 4 5	3	
м96 а .	. Headache				48. Thinking about last week	
14190	. Stomach-ache				Alwaysa	
11101	Back ache				Always Very often	
	. Feeling low			0000	Quite often	
	. Irritability or bad temp	er			Seldom	
				0000	Never	
	 Difficulties in getting to 	sleen			1 2 3 4 5	
_	. Feeling dizzy	ОССР				PH1
11	· reeming dizzy					PH2 PH3
					c. Have you lete sad:	1113
43.	During the last month	have yo	u take	n any	d. Have you felt lonely?	PH4
	medicine or tablets for	the foll	owing	?	e. Have you had enough time for	חוב
			Yes,	Yes, more		PH5
		No	once	than once	f. Have you been able to do the	
PH11	a. Headache	<u> </u>	\bigcirc	\bigcirc	things that you want to do in your	
PH12			0	0		PH6
	- Diff sold a de		0	\cup	g. Have your parent(s) treated you	
PH13	getting to sleep	\bigcirc	\bigcirc	\bigcirc		PH7
DU14	d. Nervousness	0	0	\bigcirc		PH8
	e. Allergy	_	0		i. Have you got on well at school?	PH9
X48 PH15	f. Something else	0	0	0	j. Have you been able to pay	
11113	1. Something else		0	O	attention?	PH10
	Would you say your he one circle) ○ Excellent₁	alth is ○Fa		ase mark	Many young people get hurt or injured from activities such as playing sports or fighting with others at	
	O Good ₂	\bigcirc Pc	oor .		different places, such as the street or home. Injuries	
			4		can include being poisoned or burned. Injuries	
45.	Do you have a long-ter	m illnes	s, disa	ability,	do not include illnesses such as Measles or the Flu.	
PH 16	or medical condition (The following question is about injuries you may	
	asthma, allergy, ADHD			alsy) that	have had during the past 12 months.	
	has been diagnosed by					
X49	O Yes. If Yes, please writ		hey are	2 ∙1	10.75 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	[Keyed/Scanned Te	(t]			49. During the past 12 months, how many times M56 were you injured and had to be treated by a linjured.	
	\bigcirc No $_2$				doctor or nurse?	eua
PH17 46.	Do you take medicine idisability or medical co			term illness,	O I was not injured in the past 12 months 1	
	O I do not have a long-t			ability or	O 2 times ₃ O 3 times ₄	
	medical condition ₁			•	0 4 times or more 5	
	○ Yes ₂				5	
	$\bigcirc No_3$					

50. How easy is it for you to talk to the following persons about things that really bother you? (Please mark one circle for each line)

			Don't have or see this person						
			Very difficult						
				Dif	ficı	ılt			
				Ea	asy				
			Very	easy					
M82	a.	Father				0	0	0	
M83	b.	Stepfather (or	mother's boyfriend) (0	0	0	
M84	c.	Mother				0	0	0	
M85	d.	Stepmother (or father's girlfriend)			0	0	0	
M86	e.	Elder brother	(s)	C		0	0	0	
M87	f.	Elder sister (s)				0	0	0	
M88	g.	Best friend		C		0	0	0	
M89	h.	Friends of the	same sex			0	0		
M90	i.	Friends of the	opposite sex	C		0	0	0	

51. How much does your <u>mother</u> (or <u>female</u> guardian) really know about...?

			Don't have/see	mother/gu	ıar	dia	ın
			She doesn't	know anyt	hir	ıg	
			She k	nows a litt	le		
			She kı	nows a lot			
				1	2	3	4
FC1	a.	Who your fr	iends are	\circ	0	0	
FC2	b.	How you sp	end your money	0	0	0	0
FC3	c.	Where you	are after school	\circ	0	0	0
FC4	d.	Where you	go at night	0	0	0	0
FC5	e.	What you d	o with your free time	e O	0	0	0

52. How much does your <u>father</u> (or <u>male</u> guardian) really know about...?

		Don't ha	ave/see father	/gı	ıar	dia	ın
		He d	oesn't know ai	nyt	hir	ıg	
			He knows a	litt	le		
			He knows a l	oţ			
				1	2	3	4
FC6	a.	Who your friends are		\bigcirc		0	
FC7	b.	How you spend your mor	ney	0		0	
FC8	c.	Where you are after scho	ol	0		0	
FC9	d.	Where you go at night		0	0	0	0
C10	e.	What you do with your fro	ee time	0		\circ	

53. My parent/guardian... (Please mark one circle for each line)

		Don't have or don't see parent	/g1	ıar	dia	an	
	_	Almo	st r	iev	er		
		Some	tim	es			
		Almost alwa	ıys				
a.	Helps r	ne as much as I need	\bigcirc	0	0		X22
b.	Lets m	e do the things I like doing	0	0	0	0	X23
c.	Is lovin	g	\bigcirc	0	0	0	X24
d.	Unders	tands my problems and worries	\bigcirc	0	0	0	X25
e.	Likes n	ne to make my own decisions	\bigcirc	0	0	0	X26
f.	Tries to	control everything I do	0	0	0	0	X27
g.	Treats	me like a baby	\bigcirc	0	0	0	X28
h.	Makes	me feel better when I am upset	0	0	0	0	X29

54. In general, how satisfied are you with the relationships in your family? (Mark one circle next to the number that best describes your feelings)

0	10 We have <u>very good</u> relationships in our family
0	9 ₉
0	88
0	7 ₇
0	66
0	5 ₅
0	4 ₄
0	3 ₃
0	22
0	1 ₁
0	0 ₀ We have <u>very bad</u> relationships in our family

55. At present, how many <u>close</u> male and female friends do you have? (Please mark one circle for each column)

Males M91 Friendm	Females M92 Friendf
O None ₁	○ None ₁
One ₂	\bigcirc One 2
○ Two ₃ ○ Three or more ₄	\bigcirc Two $\frac{1}{3}$
○ Three or more ₄	\bigcirc Three or more $_{4}$

X31

56. Are MOST of the friends in your group...

O More or less your same age (same grade)₁
Older than you (by one grade or more)₂

O Younger than you (by one grade or more)₃

M93 57 Timefrdb	7. How many days a week do you usually spend time with friends right after school? O days 1 2 2	63. Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. (Please mark one circle for each line) Strongly disagree
	3 ₃ 0 4 ₄ 0 5 ₅ 0 6 days ₆	Neither agree nor disagree Agree Strongly agree 1 2 3 4 5
M94 58 Evenfrd	3. How many evenings per week do you usually spend out with your friends? O evenings 1 22 33 44	a. The students in my class(es) enjoy being together b. Most of the students in my class(es) are kind and helpful c. Other students accept me as I am M108 M109 M110
59	 ○ 5 5 ○ 6 6 ○ 7 evenings ⁷ P. How often do you talk to your friend(s) on 	64. How pressured do you feel by the schoolwork you have to do? ○ Not at all 1 ○ A little 2 ○ Some 3
M95 Ecommuni	the phone or send them text messages or have contact through the internet? O Rarely or never ₁ O 1 or 2 days a week ₂ O 3 or 4 days a week ₃ O 5 or 6 days a week ₄ O Every day ₅	Here are some questions about bullying. We say a student is BEING BULLIED when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a stu-
X30	 O. Your group of friends is well accepted by your parents? O Almost always 1 O Sometimes 2 O Never, almost never 3 O They haven't met your group of friends 4 	dent is teased repeatedly in a way he or she does not like or when he or she is deliberately left out of things. But it is NOT BULLYING when two students of about the same strength or power argue or fight. It is also not bullying when a student is teased in a friendly and playful way.
M106	I. In your opinion, what does your class teacher(s) think about your school performance compared to your classmates? O Very good O Good O Average Below average 4	65. How often have you been bullied at school in M58 the past couple of months? O I haven't been bullied at school the past couple of months O It has only happened once or twice 2 O 2 or 3 times a month O About once a week4
M107	2. How do you feel about school at present? O I like it a lot 1 O I like it a bit 2 O I don't like it very much 3 O I don't like it at all 4	○ Several times a week ₅

66. How often have you been bullied at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

		Several t	im	es	a v	ve	ek
		About on				2k	
		2 or 3 times a			th		
		Only once or t		ce			
		I have not been bullied in th					
		way in the past couple of month	1S				
VIP17	a.	I was called mean names, was made	1	2	3	4	5
		fun of, or teased in a hurtful way	0	0		0	0
VIP 18	b .	Other students left me out of things					
VII 10		on purpose, excluded me from their					
		group of friends, or completely					
		ignored me		0			0
VIP19	c.	I was hit, kicked, pushed, shoved					
VII 13		around, or locked indoors		0			0
	d.	Other students told lies or spread	1	2	3	4	5
VIP20		false rumors about me and tried to	'	_	١	_	5
		make others dislike me					0
	e.	I was bullied with mean names and					
VIP21		comments about my race or color		0			0
VIP22	f.	I was bullied with mean names and					
		comments about my religion		0			0
VIP23	g.	Other students made sexual jokes,					
		comments, or gestures to me	0	0		0	0
VIP24	h.	I was bullied using a computer or					
		e-mail messages or pictures		0		0	0
VIP25	i.	I was bullied using a cell phone	0	0		0	0
X51	j.	I was bullied outside of school					
		using a computer or e-mail					
\/=O		messages or pictures	0	0	0	0	0
X52	k.						
		using a cell phone	0	0	O	O	0

67. How often have you taken part in bullying

M59 another student(s) at school in the past couple

Hbulliea of months?

O I haven't bullied another student(s) at school in
the past couple of months 1 O It has only happened once or twice2
O It has only happened once or twice,
O 2 or 3 times a month ₃
O About once a week ₄
○ Several times a week ₅

68. How often have you bullied another student(s) at school in the past couple of months in the ways listed below? (Please mark one circle for each line)

	ways listed below: (Tease mark one circle for each line)							
Several times a week								
		About on				ek		
		2 or 3 times a			th			
		Only once or t		ce				
		I have not bullied another student this way in the past couple of month						
		I called another student(s) mean	13	2	3	4	5	
	a.	names, and made fun of, or teased						
		him or her in a hurtful way						VIP26
	h	I kept another student(s) out of						
	υ.	things on purpose, excluded him						
		or her from my group of friends, or						
		completely ignored him or her						VIP27
	C.	I hit, kicked, pushed, shoved around,						VII ZI
	٠.	or locked another student(s) indoors						VIP28
	А	I spread false rumors about another						
	u.	student(s) and tried to make others	1	2	3	4	5	
		dislike him or her						VIP29
	e.	I bullied another student(s) with						
		mean names and comments about						
		his or her race or color			0	0		VIP30
	f.	I bullied another student(s) with						
		mean names and comments about						
		his or her religion		0	0	0		VIP31
	g.	I made sexual jokes, comments, or						
		gestures to another student(s)	0	0	0	0	0	VIP32
	h.	I bullied another student(s) using a						
		computer or e-mail messages or pictures	0	0	0	0	0	VIP33
	i.	I bullied another student(s) using a						
		cell phone	0	0	0	0	0	VIP34
	j.	I bullied others outside of school using a						
		computer or e-mail messages or pictures		0		0		X53
	k.	I bullied others outside of school						X54
		using a cell phone	0	0	0	0		704
_	о т					_		
O		During the past 12 months, how ma were you in a physical fight?	шу	' UI	me	S	M	57
							Ph	nyfight
		\bigcirc I have not been in a physical fight $_1$ \bigcirc 1 time $_2$ \bigcirc 2 times $_3$ \bigcirc 3 times $_4$ \bigcirc 4	tin	عمد	or	m	٦r۵	
	`	2 1 times 2 2 times 3 2 3 times 4 2 4	CIII	ics	Oi	1110	Jic	5
7	о. т	The last time you were in a physical	fig	ht	du	rir	ıσ	VIP14
•		he past 12 months, with whom did					-0	
		I have not been in a physical fight in			_			
12 months								
	(A total stranger 2						
		A parent or other adult family mem	be	r ₃				
A brother or sister₄A boyfriend/girlfriend or date ₅								
O A friend or someone I know.								
	(Someone not listed above 7						
		7						

VIP 15	71. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife or club? O I did not carry a weapon during the past 30 days 1	76. On how many occasions (if any) have you done the following things in the last 30 days? (Please mark one circle for each line)
	○ 1 day ₂	40 times or more
	○ 2 to 3 days ₃	20-39 times
	O 4 to 5 days ₄	10-19 times
	○ 6 or more days ₅	6-9 times
		3-5 times
VIP16	72. The last time you carried a weapon during the	Once or twice
	past 30 days, what type of weapon was it?	Never
	O I did not carry a weapon during the past 30 days 1	1 2 3 4 5 6 7
	O Knife or pocketknife 2	a. Smoked cigarettes M39
	○ Stick or club ₃	b. Drunk alcohol M40
	O Knuckle-brace/brass knuckles ₄	c. Been drunk M41
	O Tear gas/pepper spray/Mace 5	
	Other type, places specify:	
X32	 Other type, please specify:₇ [Keyed/Scanned Text] 	77. How frequently have you smoked cigarettes RB1
	<u>[, to j our courried to tal</u>	during the LAST 30 DAYS?
		O Not at all ₁
	73. Have you ever smoked tobacco? (At least one	C Less than 1 cigarette per week 2
M25	cigarette, cigar or pipe)	C Less than 1 cigarette per day 2
Triedsm	O No 1	0 1-5 cigarettes per day ₄
	○ Yes ₂	6-10 cigarettes per day
	ο .es <u>γ</u>	○ 11-20 cigarettes per day₆○ More than 20 cigarettes per day₇
	EATT 6 1 1 1 1 1 10	o More than 20 digarettes per day?
M26	74. How often do you smoke tobacco at present?	
Smokin		78. How many of your friends would you
	At least once a week, but not every dayLess than once a week	estimate
	\bigcirc I do not smoke $_4$	All
	o rad not smoke 4	Most
	75. At present, how often do you drink anything	Some A few
	alcoholic, such as beer, wine or hard liquor like,	None
	Vodka or rum? Try to include even those times	0 1 2 3 4
	when you only drink a small amount (e.g. one	a. Smoke cigarettes
	or two sips). (Please mark one circle for each line)	b. Drink alcohol RB6
	 (c. Get drunk at least once a week
	Never	d. Smoke/use marijuana,
	Rarely	(pot, weed, hash, joint)
	Every month	e. Carry a weapon, such as gun, knife,
	Every week	or club OOOO X33
	Every day	
N 4 C	a. Beer	
	b. Wine	79. Have you ever had so much alcohol that you
	29 c. Liquor/Spirits	were really drains:
IVIZ		O NO, Hever 1
M3	d. Pre-mixed drinks (for example,	O Yes, once 2
	Similifornice, Bacardi Breezer,	Yes, 2-3 times 3
	Mike's Hard Lemonade)	○ Yes, 4-10 times₄○ Yes, more than 10 times₅
M3	e. Any other drink that contains alcohol	ies, more than to times 5
		I .

lder d
d
6 7

81. Have you ever taken marijuana (pot, weed, hashish, joint)? (Please mark one circle for each line)

					40 times or more						re		
						20-39 times							
					10-19 times								
						ϵ	5-9) ti	im	es			
						3-5	ti	me	es				
					Once	or tw	ic	e					
						Neve	- 1		_				
M42	a.	In yo	ur life			1		2 ()	3	4	5	6	7
M43	b.	In th	e last 12	2 month	S				0	0	\circ	0	
M44	c.	In th	e last 30) days					0	\circ	0	\circ	\circ

82. Have you ever taken one or several of these drugs in the last 12 months? (Please mark one

b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) d. Medication to get high
RB34 a. Ecstasy b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) RB37 d. Medication to get high
RB34 a. Ecstasy b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) d. Medication to get high
RB34 a. Ecstasy b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) C. Medication to get high
RB34 a. Ecstasy b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) d. Medication to get high
RB34 a. Ecstasy b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) RB37 d. Medication to get high
RB34 a. Ecstasy b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) d. Medication to get high
RB34 a. Ecstasy b. Amphetamines (meth, ice, glass, speed) RB36 c. Opiates (heroin, morphine, smack) d. Medication to get high
RB35 glass, speed) RB36 c. Opiates (heroin, morphine, smack) RB37 d. Medication to get high
RB36 c. Opiates (heroin, morphine, smack)
RB37 d. Medication to get high
RB38 e. Cocaine
RB39 f. Glue or solvents
RB40 g. Baltok
RB41 h. LSD
RB42 i. Anabolic steroids
RB43 j. Other drug Which one? [keyed/scanned text]

83	. FATHER—Does your father have a job?	12
00.	O No 2 O Don't know 3	
	O Yes Don't have or don't see fath	er ₄
	If YES, please say in what place he works (for example: hospital, bank, restaurant) [Keyed/Scanned text]	X39
	Please write down exactly what job he does there (for example: teacher, bus driver)	X40
	[Keyed/Scanned Text] Q91 Cccupation code	
	If NO, why does your father not have a job? (Please mark the circle that best describes the situation of the is sick, or retired, or a student of the is looking for a job of the takes care of others, or is full-time in the hore of I don't know of the island of the interval of the inte	ratilijob
0.4	•	M115
84.	. MOTHER—Does your mother have a job?	Mothjob
	O No ₂ O Don't know ₃ O Yes ₁ O Don't have or don't see mot	hor
	○ Yes 1 ○ Don't have or don't see mot	ner 4
	If YES, please say in what place she works (for example: hospital, bank, restaurant) [Keyed/Scanned Text]	X41
	Please write down exactly what job she does there (for example: teacher, bus driver) [Keyed/Scanned Text] Q91 Occupation Code	X42
	If NO, why does your mother not have a job? (Please mark the circle that best describes the situation of th	on) Mothnjob
85.	. Were you born in the United States?	
	○ Yes 1 ○ No ₂	
86.	[Keyed/Scanned Text]	s16
	ODon't know X55	
87.	. In which country was your father born? [Keyed/Scanned Text]	s17
	ODon't know x56	
88.	. What language do you most often speak at	s18

[Keyed/Scanned Text]

This is the end of the survey.

If there is time, please go back and review each question to be sure you have answered all the questions and followed the directions.

THANK YOU VERY MUCH FOR YOUR HELP!